

1220 S. Bolton St.
(903) 589-3510 Office
(903) 541-2812 Fax



City of Jacksonville

PERMIT # _____

DATE: _____

Automatic Fire Alarm System and Sprinkler System Application

Name of Job: _____

Address of Installation: _____

Name of Installer: _____

Address of Installer: _____

Phone # of Installer: _____ State License #: _____

Nature of work being done:

FLAMMABLE & COMBUSTIBLE LIQUID TANK

FIRE ALARM SYSTEM

VENT-A-HOOD SYSTEM & AUTOMATIC FIRE EXTINGUISHER

FIRE SPRINKLER SYSTEM

Submitted By: _____

Date: _____

Signature: _____

IF WORK IS STARTED BEFORE PERMIT IS ISSUED, THE FEE IS DOUBLED

Three (3) sets of plans are required at time of Application Submittal